



INTERNATIONAL SPECIALIST IN HEMATOLOGY EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3 & 4)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

ASCP Customer ID #

Email Address

Address

PART II (MUST BE COMPLETED AND SIGNED BY LABORATORY MANAGEMENT* OR EMPLOYER IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification International Specialist in Hematology examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date experience **started** in Hematology: Month _____ Day _____ Year _____

Date experience **ended** in Hematology: Month _____ Day _____ Year _____

How many hours per week in Hematology? _____ (average, if necessary)

2. DIRECTIONS: Please review the experience of this applicant.

A. Please place an **X** by each procedure that has been performed satisfactorily under your supervision by this applicant.

(NOTE: Experience is required in **ALL** of the procedures listed below.)

<input type="checkbox"/> Blood smear, evaluation and differential	<input type="checkbox"/> Quality control: performance and evaluation
<input type="checkbox"/> Complete blood count	<input type="checkbox"/> Routine coagulation tests (e.g., PT, APTT, D-dimer)
<input type="checkbox"/> Instrument maintenance / troubleshooting	<input type="checkbox"/> Other coagulation tests (e.g., fibrinogen, factor assays)
<input type="checkbox"/> Miscellaneous tests (e.g., ESR, sickle screen, manual cell count, reticulocyte)	

B. Please place an **X** by each of the procedures the applicant has **performed or supervised**.

(NOTE: Experience is required in **5** of the 12 procedures listed below.)

<input type="checkbox"/> Advanced coagulation (e.g. inhibitor assays, hypercoagulability)	<input type="checkbox"/> Cytochemical stains	<input type="checkbox"/> Personnel management
<input type="checkbox"/> Body fluid evaluation	<input type="checkbox"/> Flow cytometry	<input type="checkbox"/> Platelet function studies
<input type="checkbox"/> Bone marrow prep or evaluation	<input type="checkbox"/> Hemoglobinopathy evaluation	<input type="checkbox"/> PT/APTT mixing studies
<input type="checkbox"/> Budgeting / inventory control / purchasing	<input type="checkbox"/> Method evaluation	<input type="checkbox"/> QA/QI

3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT IS PROFICIENT IN EACH OF THE HEMATOLOGY AREAS CHECKED ON THIS FORM.

(Please Print) Laboratory Management* or Employer Name

Title

Laboratory Management* or Employer Signature

Date

Laboratory Management* or Employer Email Address

Institution Telephone Number

Institution

Institution Address

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR LABORATORY MANAGEMENT* OR EMPLOYER WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR LABORATORY MANAGEMENT* OR EMPLOYER. EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE.

**Management is defined as someone in a management role who can verify technical experience.*

See www.ascp.org/boc/intl-documentation for submission instructions.